

**EXECUTIVE LOBBYING  
SUPPLEMENTAL REGISTRATION FORM**

**Instructions**

- Print in full or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, or fax to (225) 763-8787. For information or assistance, call (225) 763-8777 or (810) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form or to add employers or those you represent. It must be submitted within 10 days of any termination of employment or representations.

1. NAME ELDER, JR. CHARLES R.  
 Last ELDER First CHARLES MI R.

NAME CHANGE \_\_\_\_\_  
 Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

2. BUSINESS PHONE 888-793-4724  
 (Area Code) Phone Number

3. FAX PHONE \_\_\_\_\_

4. BUSINESS ADDRESS 500 Frank W. Burr Blvd. TEANECK, NJ 07666  
 Street and No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
 Street and No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

5. EMPLOYER EISAI Inc.

6. EMPLOYER'S ADDRESS 500 Frank W. Burr Blvd. TEANECK, NJ 07666  
 Street and No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

7. Have you ceased or terminated all lobbying activities requiring registration? Yes  No

8. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or groups; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

i) Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

New Representation  
 Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

Terminated Representation as of \_\_\_\_\_



38  
**FOR OFFICE USE ONLY**  
 Postmark Date: 08/09/06

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2) Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

 New Representation

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

 Terminated Representation as of \_\_\_\_\_

3) Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

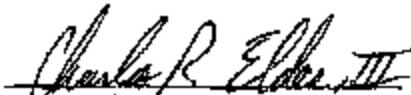
 New Representation

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

 Terminated Representation as of \_\_\_\_\_**CERTIFICATION OF ACCURACY**

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

  
Signature of Lobbyist